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UNIVERSITY OF ALBERTA

IMPRESSIONS OF MEDIA PSYCHOLOGY IN ALBERTA

BY

ELAINE MAY DOONANCO

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE DEGREE OF

MASTER OF EDUCATION

IN

COUNSELING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

SPRING, 1991

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Dr. Ken Ward

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DEDICATION

To my sons,

Rockwell and Montgomery

ABSTRACT

In the fall of 1982, a radio talk-show program called "That's Living" made its debut on a local radio station, CJCA-AM, in Edmonton, Alberta, Canada. After nearly a decade of airing, "That's Living" has continued to grow in popularity and viability among its 30,000 daily listeners.

This study addressed four research questions: (a) What were the major psychological topics addressed on the program? (b) Who were the callers in respect to age, gender, and locality? (c) What were the specific concerns of callers to the program? (d) What professional and personal characteristics did the talk-show hosts possess that promoted program success?

Calls made by 2,077 listeners to "That's Living" over a period of five years (1984, 1986, 1987, 1988, 1989) were analyzed using a descriptive approach. It was found that the five major psychological topics of interest to callers were children's issues (17.5%), general issues (12.4%), family matters (10.9%), educational issues (9.6%), and health issues (7.7%). More females (77.2%) called the radio talk-show than did males, but the number of male callers has increased over the years (1986-24.5%, 1989-26.7%). The average age of callers was 38.8 years. Long-distance callers were accessing the radio show on a 1-to-4 ratio to in-town callers. Specific caller concerns ran the spectrum from bedwetting concerns to questions about depressive and

suicidal feelings. The callers seemed to respond well to the advice given by the caring, knowledgeable hosts of the show.

The results of the study have numerous social, scientific, and educational implications. A suggestion for further research includes replicative and new studies to assess the needs of radio psychology audiences so that professionals can improve their delivery of mental health services to the public.

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I. INTRODUCTION

As we rapidly approach the 21st Century, there are few who would deny that the ills of our present-day society are myriad. Fluctuating economies, technological advancements, changing role expectations of men and women, political upheavals, threat of nuclear war, to mention but a few, have resulted in high unemployment rates, stress in the work place, "latch-key" kids, the isolation of the nuclear family, escalating school drop-out rates, and many other problems. Because of social, economic, and demographic changes within society, there is less stability at home and more pressures from society. Consequently, crisis issues like substance abuse, suicide, violence, divorce and separation, child abuse and/or neglect, sexual abuse, death and dying, emotional disturbance, teenage pregnancy and/or marriage and sexually transmitted diseases are rampant. The health and well being of our society is in peril and the gurus of social sciences do not predict a brighter tomorrow.

One innovative approach to alleviating some of society's ills is through the phenomenon of radio psychology. From the time of its inception in the early 1960's, radio talk-show psychology has become an increasingly popular and influential force in the lives of a significant number of North Americans. At present, there are some 50 media psychology programs in North America, one

of which exists in Edmonton, Alberta, Canada.

There is a need for mental health professionals to use the media in an attempt to educate the public about preventive health measures. Educators inform us that children spend approximately one-and-a-half times as much time in front of a television set as they do in school. The average kindergarten graduate has spent 6,000 hours watching television by the age of six. It is common to see the majority of today's youth listening to a walkman. Newspapers are the main reading fare for an indeterminate number of people in North America. Media experts are trained to put a message across. If media methods can be utilized for advertising purposes, then surely they can be used to discuss important issues related to the physical and mental health of a listening, watching or reading public.

Can psychology be understood by the public through a media psychology approach? Even though controversy exists as to the numbers of illiterate people in our society today, this generation is the most highly educated in history (Paterson & Kovach, 1987). Psychology can be understood by the general public (ibid). George Miller (1969) argued that psychologists need to give psychology away, even though he knew it would be no simple task. Miller pointed out that "everyone practices psychology, just as everyone who cooks is a chemist, everyone who reads a clock is an astronomer and everyone who drives a car is an engineer" (p.1071). If

psychology is to serve a purpose and function, it should be accessible to the general public. Keeping psychological knowledge to itself is not in the best interests of either the psychology profession or society (Miller, 1969).

Through the medium of radio, psychological knowledge can and should be shared with the public (Paterson & Kovach, 1987). It is possible, through radio, to allow the top members of the psychology profession to talk directly to many people. Radio psychology programs give professionals an opportunity to learn what problems and concerns exist "out there". The ramifications of possessing this knowledge are many. The writer cites three obvious ones:

(a) Implementation of community preventive programs.

(b) Provision of more information on topics where a paucity is known to exist.

(c) Preparation of counselors, psychologists, and mental health workers to better meet the needs of their public.

The Edmonton, Alberta, radio talk program called, "That's Living", is one media show that is "giving" psychology away. "That's Living" was developed as an informative and professional comment media service in September of 1982. Dr. Robbie Campbell, former professional football star and psychiatrist, initiated and developed the radio program to answer callers' questions on any personal problems or concerns they might have. A local Edmonton radio station, CJCA, was approached and convinced by Dr.

Campbell that a program of this nature would be both viable and popular. Listeners were able to call in and ask a psychologist or psychiatrist questions on a variety of personal issues without identifying themselves by name. Anonymity was, and still is, highly protected on "That's Living". The format developed for the show was the presentation of a five to ten minute introductory talk on a particular topic, followed by open lines for comments and questions from the listening audience. Callers were encouraged to call in about the topic-for-the day or any other topic on which they wished to speak. Initially the program was aired every week-day from 2:05 p.m. to 3:00 p.m. After one year, the program was so well received that on-air time was extended by half an hour to 3:30 p.m.

Because Dr. Campbell was unable to be on-air every afternoon he enlisted the support of colleagues to help out with the program, namely Dr. John Paterson, a school and counseling psychology trainer from the University of Alberta, and Dr. Carl Blashko, a psychiatrist practicing in Edmonton. When Dr. Campbell left the radio show in 1983 to try to develop this format for television audiences in Toronto, Drs. Paterson and Blashko continued the radio program.

In 1985, after three years of on-air media lecturing and counseling, the Canadian Association of Broadcasters awarded Drs. Paterson and Blashko the Gold Ribbon Award for

co-hosting the top radio show in Canada in the area of public affairs. The management of CJCA was impressed and encouraged the continuation of on-air professional service.

When Dr. Blashko retired from the program in 1985, Dr. Henry Janzen, a trainer of school psychologists from the University of Alberta, joined the program. In 1990, psychiatrist, Dr. Blashko, from Grey Nuns Hospital, came out of retirement to host the Wednesday programs, and two counseling and school psychology trainers, (Dr. Paterson, & Dr. Janzen) take turns hosting the other week-day programs. Occasionally, the hosts jointly present a program, or they have guests on the show to discuss special topics.

NEED FOR THE RESEARCH

There are several reasons for undertaking research in the area of media psychology. First, the potential of mass media as a vehicle for exerting a positive influence over an ailing public though dissemination of psychological knowledge is worthy of investigation. Second, because there is little theoretical or empirical literature about the relationship between mass media knowledge and psychological knowledge, it is timely to expand upon this body of literature. Third, when a media psychology program does exist, it behooves program participants to assess various components of the interaction process of media and public to ensure that the program is meeting public needs.

BACKGROUND TO THE STUDY

The idea for the study originated with Dr. H. Janzen and Dr. J. Paterson in January, 1990. Both Drs. Janzen and Paterson are professors in the department of Educational Psychology at the University of Alberta. Both professors also serve as co-hosts on the award-winning open line radio show, "That's Living", which is aired five days a week on CJCA-AM in Edmonton, Alberta. The popularity and success of this show has convinced the hosts of the merits of a media approach to community education (Paterson and Blashko, 1985).

To ensure the continued success and popularity of their program, Drs. Paterson and Janzen were curious about a number of issues as described below:

(a) Were the [1]psychological topics that the hosts introduced every week-day of interest to most callers? Were the needs of the public being met in this regard? What psychological topics were of greater importance than other topics to the listeners? This would assist them (hosts) in choosing repeat topics on the program and in selecting "expert" guests for the program.

[1] For the purpose of this study, a psychological topic refers to one of the 19 categories of subjects that were devised to identify major areas of caller concerns. (See Appendix A)

(b) Who were the callers to "That's Living"? The hosts knew that the majority of callers were female but wondered what percentage of callers were male. What was the average age of a caller to the talk-show? What percentage of callers were from out-of-town? Were they reaching that segment of the listening audience as well as the in-town segment?

(c) What specific, unique, and personal concerns, questions, comments, advice had callers made in regard to various psychological topics? This knowledge would enable the regular hosts or guest hosts to better prepare themselves for hosting each day's topic.

(d) In addition to being professionally trained what other personal assets did a radio psychology program host need to possess? Did personal traits like, tone of voice, sense of humour, and manner of speaking make a difference?

The author of this study was also interested in the implications of the findings from these questions as they might apply to the delivery of community health services in any community setting (urban or rural). Specifically, the following questions arose:

(a) Were the needs voiced by the callers to this radio show representative of both urban and rural populations?

(b) Were current professionals in the mental health professions, in general, adequately trained to meet the needs of their public?

(c) Would the findings from this study point to a "best" theory of counseling for health professionals?

(d) Would the findings from this study point to an effective, primary prevention plan for addressing community needs?

The purpose of this study was to describe four research questions in terms of a radio psychology program in an attempt to determine what issues need to be addressed by educators, counselors and health care professionals to improve the level of mental and physical well being of people in our modern day society.

OVERVIEW OF THE STUDY

In Chapter I, the topic of the study is introduced. The purpose and need for the study is established. Chapter II provides an overview of literature in the area of media psychology. Ethical issues and counselor training programs are discussed. Chapter III contains a description of the methods and procedures for data collection and analysis. The findings from the four research questions posed at the onset of the study are presented in Chapter IV. In Chapter V, a discussion of the findings presented in Chapter IV is given with theoretical and practical implications for health care professionals. Some suggestions for future study are also given in Chapter V.

II. REVIEW OF THE LITERATURE

> By the beginning of the 1920s [sic], much of the American public seemed convinced that the science of psychology held the keys to prosperity and happiness. Albert Wiggam, a nonpsychologist author of the popular newspaper column on psychology in the 1920s [sic], was one of the forces contributing to this belief. In one of his columns Wiggam (1928) wrote:
>
> > Men and women never needed psychology so much as they need it today. Young men and women need it in order to measure their own mental traits and capacities with a view to choosing their careers early and wisely...businessmen need it to help them select employees; parents and educators need it as an aid in rearing and educating children; all need it in order to secure the highest effectiveness and happiness. You cannot achieve these things in the fullest measure without the new knowledge of your own mind and personality that the psychologists have given us. (p.13)
>
> (Benjamin, 1986, p.943)

Over 70 years later Wiggam's words still hold true. Media psychology was not in existence in the 1920's. However, it is not a totally new idea (Paterson and Blashko, 1985a). Advice columns are regular features of North American and European newspapers. It is not uncommon to find television personalities who deal with human dilemmas and who have noted psychologists and psychiatrists as guests on their show. The Phil Donahue and Sally Jessie Raphael programs and, more recently, the Oprah Winfrey program are three media psychology shows. People like Dr. Joyce Brothers and Dr. Ruth Westheimer have appeared on these television shows as guests. They have also gone on-air as

co-hosts. They are firm believers in the value of educating people through the media.

MASS MEDIA STUDIES

In Finland, a bold experiment utilizing the advantages of television as an interactive medium was instituted (McAlister, 1977). A series of television sessions was presented to volunteer-led viewing groups to facilitate smoking cessation. Post-program survey data indicated that, at the end of six months, 10,000 out of the 40,000 participants had still refrained from smoking. Although only 1% of the nation's smokers gave up their habit for at least six months as a result of the program, each "cure" was achieved at a cost of approximately one dollar (McAlister, Pushka, Koskela, Pallonen & Maccoby, 1980).

Alcalay (1983) cited a three-year project on preventing alcoholism, carried out by the University of California, Berkeley. One set of communities received a series of messages by means of mass media while another set of communities, the control group, did not. The material developed for the media was based on a positive theme: "Winners Quit While They Are Ahead" (p. 90). The campaign as a whole was a mixed success: 80% of the sample recognized and were in agreement with the slogan, but changes of attitude or behavior were not obtained.

Gist and Stolz (1982) describe how mass media was used

to assist a community involved in the Kansas City Hotel Disaster. Within hours of the incident, community mental health centres in Kansas City had shaped a program to address the mental health needs of victims, survivors, rescuers, and all members of the community. Wide media coverage (press, television, radio) was immediately used to get the "helping" information out to the public. It was estimated that 12%-25% of the at-risk population would require post-disaster mental health services, but that very few of these people would seek this help due to the stigma long associated with mental health intervention. It was found that within a month of the disaster, more than 10% of the at-risk population had contacted the community mental health centers for assistance. Nine months after the disaster, the volume of requests for direct clinical services for people facing serious delayed reactions was far below that suggested by prior studies.

The Stanford Heart Disease Prevention Program (Alcalay, 1983), one of the largest preventive medicine research efforts in the United States, exposed experimental communities to a heavy barrage of information on heart disease through newspaper, radio, television, posters, calendars and printed mail material. The results of this study showed experimental communities achieved a 20% reduction in the total risk index in comparison to the control population.

Blashko and Paterson (1990) reported on a heart disease prevention program that used a mass media approach to facilitate changes in lifestyle of the population. The radio station 930 CJCA in Edmonton, Alberta, aired five consecutive one-and-a-half hour open-line programs with health experts giving information on several aspects of heart disease. In addition, a public health meeting was held and 430 of the 500 people in attendance filled out questionnaires. Six months later, by means of a telephone interview, it was reported that over half of the respondents had made substantive lifestyle changes to reduce risk of heart disease. One-quarter had checked for evidence of diabetes and two-thirds had had their blood pressure checked within the six-month follow-up period. People in this sample group reported that they started to exercise more and to smoke less as a result of participating in the study.

A smoking cessation study was conducted by Morrison (1988) using mass media in Edmonton. Five 90-minute radio programs emphasizing the physiological and psychological effects of smoking and quitting smoking were presented on five consecutive days. A public meeting to promote community interest and support was also held on the topic. It was found that a 34% quit rate occurred after a three-month interval and a 36% quit rate at an 18-month interval. Although not all participants were successful in quitting smoking, most reported a significant reduction in smoking

following their participation in the study.

From the studies cited, it is evident that the use of mass media is influential in altering lifestyles and improving quality of life in the public. Most authors agree that primary prevention programs are needed to enhance the general health of the population.

RADIO AS A MEDIUM FOR PSYCHOLOGY

Specific to the medium of radio, there is an increasing number of articles highlighting various radio psychology/psychiatry talk programs. (Grasha & Levi, 1983; Oglov, 1984; Paterson and Blashko, 1985a, 1985b; Paterson & Janzen 1987a, 1987b; Paterson & Kovach, 1988). These descriptive articles illustrate the effectiveness of radio psychology.

In Miami, Florida, the University of Miami has used the student radio station WVUM, to develop a program to help students (Swibelman & Rayfield, 1982) in (Paterson, Janzen, Blashko, Stewin, 1989) acquire tips for studying, building self-esteem and confidence, dealing with school stress, drug use and abuse, career decisions, loneliness and depression and male and female gender roles. After a brief introductory talk, listeners were invited to call in with questions and comments to which peer counselors responded.

Rice (1981) describes "The Bill Ballance Feminine Forum" on a Los Angeles talk radio station started in the

early 1970's. Ballance's female callers proved so willing to expose their hearts and souls and to share their sex lives and fantasies that the show became known as "topless radio". But, along with these calls, the radio show attracted troubled callers with legitimate psychological problems. When a psychologist was put on the show once a week to deal with these issues, the ratings for the show rose. The talk-show, now hosted by clinical psychologist, Toni Grant, has a listening audience of 135,000 making it the top-rated afternoon show out of more than 70 stations in L.A's highly competitive market.

In Edmonton, Alberta, 30,000 listeners tune in daily to an open-line radio program, "That's Living", hosted by a psychiatrist and a psychologist for on-air psychology information on illnesses and referrals to local services and facilities. The two health professional hosts have no qualms about dispensing advice on telephone over the air waves. (Oglov, 1984) Dr. Paterson says "It is just amazing how many people there are who don't know where to turn for help" (Oglov, 1984, p. 192).

Although the media psychology literature is sparse, there is cause for excitement over the potential it holds for positively affecting the lives of thousands of people.

ETHICAL AND PROFESSIONAL ISSUES

Rice (1981) lists the charges levelled against radio psychologists at the American Psychologists' Association

annual convention as follows:

1. Radio psychologists can't possibly diagnose a caller's problem properly in three to five minutes.
2. They can't make accurate judgements about people without direct contact.
3. They can't give meaningful advice in only a few minutes.
4. They can't possibly have sufficient expertise or experience to respond intelligently to the wide range of problems they encounter.
5. Their hasty advice may be more damaging than none at all for people who follow it and fail.
6. Without opportunity for follow-up, they have no way to judge the effect of their advice.
7. The screening of calls on these shows can be harmful to people who finally work up the nerve to call and are then rejected, or to those with serious problems who are "put on hold" with no assurance of getting to speak to the therapist.
8. The show-biz demands for fast-moving entertainment necessarily preclude the possibility of a proper therapeutic relationship.
9. The shows are nurturing a population of radio-therapy "junkies" addicted to secondhand advice that may be applicable to the caller but not to the listeners.
10. Intentionally or not, the programs are exploiting personal intimacy and pain for the sake of commercial entertainment. (Rice, 1981, p. 88)

Members of the psychology profession have long debated the ethics of the caller-psychologist dialogue. Researchers have speculated that this interaction may trivialize and exploit human misery for entertainment value (Oglov, 1984). The more recent and growing point of view on the ethical issue of caller-psychologist dialogue favors the educative, supportive, problem-solving and referral functions of the radio psychology talk-show, for both callers and listeners (Grasha & Levi, 1983; Paterson and Janzen, 1987b). Only recently have professional psychology associations revised their ethical codes to make it possible for psychologists to use a medium like radio (Paterson & Janzen, 1987b). Many

psychologists are reluctant to use the medium of radio for fear of violating ethical rules and because of their personal view of the value and effect they will have on-air. It would appear that these fears are unfounded as, to date, in the USA and Canada, there have been no ethical or legal problems arising out of psychologists' involvement with media. It appears that media psychologists have been careful to consider their role in all ethical dimensions (Paterson & Janzen, 1987b). Rubenstein (1981) is convinced that the mental health of the people she spoke with, who were callers to a radio psychology show in New York, is not in jeopardy from calling a therapist on the air.

COUNSELOR TRAINING

The role of school counseling professionals is rapidly expanding to include expertise as psychometrists, evaluators, diagnosticians, sex education experts, administrators, program evaluators, child advocates, financial advisors, career counselors, addiction counselors, mental health consultants, community resource developers, artists and scientists. Even [2]"Renaissance scholar" psychologists of today would have difficulty fulfilling all these roles.

[2] A student knowledgeable in a wide range of fields as was possible in the Renaissance Era.

With the plethora of problems that exist in today's society and with the ever-increasing demands on psychology to "fix" these problems, there is a need to look at the training programs for these professionals. Janzen (1983) recognizes that the training of school psychologists lies within the fields of education and psychology. He contends that the mix of theories and skills from both disciplines does not equip the counselor or school psychologist to meet the needs of the public. Janzen states that, although program changes are made at the University level, they are made without agreement as to purpose or direction of change.

Woody (1989) noted that often the trainers of school psychologists wish to minimize any jeopardy to personal status or security and this attitude becomes manifested in rigid opinions and actions. He believes that if the trainers of school psychologists, who received their training at an earlier stage of the specialty's evolution, are unable to be open-minded to change and are unwilling to continually update their attitudes, interests, and skills, then the school psychology curriculum is destined to obsolescence.

Basel (1989) points out that school psychologists face an additional challenge today of providing assessment and intervention within a family context. However, school training programs do not prepare school psychologists for this. Basel states that even if school psychologists become

better prepared to address the needs of children within the family context the issue of whether schools will allow the investment of time and resources for this intervention arises. With school psychologist/student ratios of 1-to-1,000, it would seem unlikely.

Harrington (1987) discusses the question of internship training in the school psychology program. He argues that school psychology as a profession has a psycho-educational perspective that should be reflected in an internship component to the training program.

Martin (1989) sums it up by stating that counselor preparation programs need to mandate prerequisite course work in "cognitive science, adult and child development, computer science, and philosophy" (p. 120).

CONCLUSION

McCall and Stocking (1982) state that, at the very least, psychologists need to recognize the potential of the media. Weiss (1974) in McCall and Stocking (1984) states that the media are major sources of information to policymakers who have the means to effect change in society.

There is a great potential for mental health communities and the media to provide prevention programs that encourage people to seek help from the appropriate sources when they need it. It is evident that psychology, media, and human welfare would all benefit from cooperative

relations among themselves.

Ethical concerns have always plagued professional organizations. However, ethics keep the profession respectable and strong.

Training programs for school psychologists and mental health workers need to be carefully evaluated and modified if psychology is to keep abreast of societal changes and needs. The key to providing appropriate training will depend on the development of sound policies, professional awareness, and supervision.

III. RESEARCH DESIGN AND METHODOLOGY

RESEARCH DESIGN

The study is predominantly qualitative in nature. A descriptive research method was used to analyze four aspects of a radio talk-show. The study was primarily concerned with determining the nature and degree of the existing conditions of the four characteristics of the talk-show investigated.

TARGET POPULATION AND STUDY SAMPLE

The target population for the study included the 25,000 to 30,000 listeners to the radio talk-show "That's Living".

The study sample consisted of 2,077 listeners to the show who voluntarily made a call to radio station CJCA to speak to the talk-show host of a "That's Living" program over the period of five years (1984, 1986, 1987, 1988, 1989).

The subjects in the study sample ranged in age from 13 to 78 years with a mean age of 38.8 years. Female callers made up 77.2% of the subjects. The remaining 22.8% of the sample was made up of male subjects. Long-distance callers made up 18.7% of the total subjects while local callers accounted for 81.3% of sample subjects.

DATA COLLECTION PROCEDURES

The raw data in this study consisted of brief notes made by Dr. Janzen for all calls made on [3]189 of the shows he had hosted on "That's Living" from 1986 to 1989.

In addition, 66 hours of audio-tape-recorded shows hosted by Drs. Paterson and Blashko, respectively, on [4]44 various topics during the years of 1983, [5]1984, 1985 made up additional raw data for the study.

For puposes of this study, Dr. Janzen will, henceforth, be referred to as Dr. A, Dr. Paterson as Dr. B and Dr. Blashko as Dr. C.

ANALYSIS OF DATA

The data collected from these notes and tapes of caller concerns were essentially analyzed into categories of topical psychological concern. Nineteen such categories were created for this study (Appendix A). In addition to categorization by topics of concern, some calls were further analyzed to illustrate specific individual questions asked, or comments made by the caller. The data were analyzed whenever possible as to the gender, age, and locale (local or out-of-town) of the caller.

[3] A list of Dr. Janzen's 189 program topics is presented in Appendix B

[4] A list of Dr. Paterson's 22 program topics is found in Appendix C. A list of Dr. Blashko's 22 program topics is found in Appendix D.

[5] The majority of calls were taken from audio-taped programs during 1984.

The data gleaned from the notes and tapes of 233 programs of "That's Living" were primarily analyzed by finding totals, averages, ratios, and percentages for the appropriate area of investigation.

LIMITATIONS AND DELIMITATIONS

Delimitations

(a) Only those programs on which notes were written were utilized for analysis in the study.

(b) The information collected was limited to those issues raised by callers to the program.

(c) Program notes were available in greater detail from one of the three hosts, thus delimiting the nature and types of calls from the other two co-hosts.

Limitations

(a) This study was subject to the usual limitations related to a bias in the "volunteerism" attribute of sample subjects.

(b) Data were restricted to analysis by the fact that only those who called in to the program could be studied.

(c) A fair and equal balance of callers across all years from 1983 to 1989 was not possible, due to missing program note data.

(d) Data were collected by program summaries and review of program audio-tapes. This may have caused some bias in that audio-tapes would provide more inclusive data than

program notes.

(e) Data on 189 programs were derived from brief, concise notes compiled by one of the program hosts. Writer interpretation of these notes quite likely resulted in a loss of information.

(f) The predominance of female subjects in the study would likely cast some doubt on the validity of findings especially in the area of major psychological topics of concern to the public.

(g) The subjectivity of the writer in categorizing caller concerns into one of nineteen categories is also a limitation of the study.

PURPOSE OF THE STUDY

Lasswell, in Alcalay (1983), said that the study of any communication could be pursued with these well-known questions: "Who? Says What? By what channel? To Whom? With what effect?" (p. 87).

The purpose of the study was to assess the "That's Living" radio show in regards to the interactive nature between talk-show hosts and callers to the show. Four areas were explored which correspond to the four research questions in the study.

Research Questions

(a) What are the major psychological topics of prime interest to the listening audience of "That's Living"?

(b) What are the characteristics of the callers to "That's Living" as pertains to their gender, age and locale?

(c) What are the specific, individual concerns of callers in regards to each of these psychological topics?

(d) What backgrounds do the radio talk-show hosts possess that enable them to meet the needs of callers on a wide variety of topics?

From the results of these questions, the writer was optimistic that there would be implications for counseling theory and practice for educators, counselors and health care professionals in any community setting.

IV. RESULTS

The results are presented in four sections which correspond to the four research questions constructed to generate information on the existing radio talk-show called "That's Living" that is aired daily on week days of radio station 930 CJCA.

QUESTION 1

What are the major psychological topics on the radio talk-show "That's Living"?

Of the 2,077 calls which were categorized, 363 (17.5%) dealt with children's issues and 258 (12.4%) were questions of general concerns. The third highest psychological topic of concern to callers was family matters with 226 (10.9%) calls. Educational concerns made up 200 (9.6%) calls. Calls about health (disease and illness) accounted for 160 (7.7%) of the calls. Callers who posed questions concerning relationships made up 117 (5.6%) of the calls. These six cumulative percentages made up 63.7% of the callers. The remaining 13 topics comprised 36.3% of caller topical interest as follows:

Stress and Living	4.3% (90 calls)
Depression	4.2% (88 calls)
Grief, Loss and Death	4.0% (84 calls)
Addictions	3.8% (79 calls)

Personality	3.8% (79 calls)
Marriage Issues	3.4% (70 calls)
Adolescent Issues	2.9% (60 calls
Aging	2.3% (48 calls)
Job-related Issues	2.3% (47 calls
Further Education	1.8% (37 calls)
Parenting	1.7% (35 calls)
Phobias	1.0% (21 calls)
Suicide	0.7% (15 calls)

The number and percentage of caller concerns are presented in Table 1.

Table 1

Number and Percent of Calls for Drs.[6] A, B, and C on Psychological Topics

Psychological Topic	n	%
1. Children's Issues	363	17.5
2. General Issues	258	12.4
3. Family Matters	226	10.9
4. Educational Issues	200	9.6
5. Health Issues	160	7.7
6. Relationships	117	5.6
7. Stress and Living	90	4.3
8. Depression	88	4.2
9. Grief, Loss, Death	84	4.0
10. Addictions	79	3.8
11. Personality	79	3.8
12. Marriage Issues	70	3.4
13. Adolescent Issues	60	2.9
14. Aging	48	2.3
15. Job-Related Issues	47	2.3
16. Further Education	37	1.8
17. Parenting Issues	35	1.7
18. Phobias	21	1.0
19. Suicide	15	0.7

n = 2077

[6] A (Dr. Janzen); B (Dr. Paterson); C (Dr. Blashko).

Rank ordering of caller concerns for each of the talk-show hosts indicated that callers tended to call the psychologist hosts with concerns about children, family and educational matters. Matters pertaining to health (illness and disease), stress and living, depression, and grief, loss, and death appeared to have a higher priority that other call categories for Dr. C, who is the psychiatrist host on the program. (Tables 2, 3 and 4)

Table 2

Rank Ordering of Caller Concerns for Dr. A

Psychological topic	n	%
1. Children's Issues	286	17.2
2. General Issues	219	13.2
3. Family Matters	200	12.0
4. Educational Issues	146	8.8
5. Health Issues	105	6.3
6. Relationships	97	5.8
7. Depression	71	4.3
8. Stress and Living	70	4.2
9. Grief, Loss and Death	68	4.1
10. Personality	66	4.0
11. Marriage	62	3.7
12. Addictions	53	3.2
13. Adolescent Issues	44	2.7
14. Aging	40	2.4
15. Job-Related Issues	39	2.3
16. Further Education	32	1.9
17. Parenting	32	1.9
18. Phobias	17	1.0
19. Suicide	15	0.3

n = 1662

Table 3

Rank Ordering of Caller Concerns for Dr. B

Psychological Topic	n	%
1. Children's Issues	58	22.7
2. Educational Issues	38	14.9
3. Health Issues	23	9.0
4. Addictions	22	8.6
5. General Issues	20	7.8
6. Family Matters	17	6.7
7. Relationships	14	5.5
8. Adolescent Issues	10	3.9
9. Depression	10	3.9
10. Marriage	8	3.1
11. Grief, Loss, Death	7	2.7
12. Stress and Living	7	2.7
13. Personality	6	2.3
14. Further Education	5	2.0
15. Job-Related Issues	4	1.6
16. Aging	3	1.2
17. Phobias	3	1.2
18. Parenting	0	0.0
19. Suicide	0	0.0

n = 255

Table 4

Rank Ordering of Caller Concerns for Dr. C

Psychological Topic	n	%
1. Health Issues	32	20.0
2. Children's Issues	19	11.9
3. General Issues	19	11.9
4. Educational Issues	16	10.0
5. Stress and Living	13	8.1
6. Grief, Loss, Death	9	5.6
7. Family Matters	9	5.6
8. Depression	7	4.4
9. Personality	7	4.4
10. Adolescent Issues	6	3.8
11. Relationships	6	3.8
12. Aging	5	3.1
13. Addictions	4	2.5
14. Job-Related Issues	4	2.5
15. Parenting	3	1.9
16. Phobias	1	0.6
17. Further Education	0	0.0
18. Marriage	0	0.0
19. Suicide	0	0.0

n = 160

QUESTION 2

Who are the callers to the radio show "That's Living"?

(a) What is the percentage of male callers on the show?

(b) Has there been an increase or decrease in male callers over the years?

The breakdown of male and female callers for Dr. A, over a four-year period, from 1986 to 1989, shows a 2.2% decline in male callers from 1986 to 1987 followed by a subsequent decline of 1.8% of male callers from 1987 to 1988. From 1988 to 1989, however, a 6.2% increase of male callers occurred. (Table 5)

Table 5

Gender of Callers for Dr. A

Year	m	f	m/f	% of m
1986	40	123	40/123	24.5
1987	97	338	97/338	22.3
1988	83	322	83/322	20.5
1989	137	376	173/376	26.7

m = male, f = female

An overall analysis of Dr. A's callers reveals that 23.5% of his callers were male. (Table 6)

Table 6

Four-Year Gender Statistics for Dr. A

Year	m	f	m/f	% of m
1986-89	357	1159	357/1159	23.5

m = male, f = female

Of the 247 callers that were gender identifiable for Dr. B, 44 were male and 203 were female. The percentage of male callers for Dr. B was 17.8%. (Table 7)

Table 7

Gender of Callers for Dr. B

Year	m	f	m/f	% of m
1984	44	203	44/203	17.8

m = male, f = female

One hundred and sixty-three calls were gender categorized for Dr. C to reveal 38 callers were male and 125 were female. Dr. C's male callers constituted 23.3% of his total calls. (Table 8)

Table 8

Gender of Callers for Dr. C

Year	m	f	m/f	% of m
1983-85	38	125	38/125	23.3

m = male, f = female

For Drs. B and C it was not possible to ascertain if male callers had increased or decreased in numbers over the years as essentially all of the data were collected from one year (1984) of their programs.

An analysis of the gender of callers for all three hosts of the talk-show revealed that 22.83% of callers were male and 77.2% were female. (Table 9)

Table 9

Gender of Callers for Drs. A, B, C

	Dr. A	Dr. B	Dr. C	Total	%
Male	357	44	38	439	22.8
Female	1159	203	125	1487	77.2
Totals	1516	247	163	1926	100

(c) What is the mean age of callers?

Out of the 1,662 calls analyzed for Dr. A, 42 female callers were identified as to age. The average age of these 42 callers was 39.9. Twenty-six male callers were identified. The average age of these callers was 42.3. The range in age of the callers was 18 years of age to 78 years of age for females and 17 years of age to 90 years of age for males. (Table 10)

Table 10

Caller Ages

	n(f)	mean age	n(m)	mean age
Dr. A	42	39.9	26	42.3
Dr. B	6	21.8	4	20.8
Dr. C	12	41.3	2	41.0
	n = 60		n = 32	

m = male, f = female

With regards to the age of Dr. B's 255 callers, six of the female callers and four of the male callers revealed age information. The range in age of female callers was 15 years of age to 41 years of age with the average age of female callers being 21.8 years of age. The range of ages of the four male callers was 13 years of age to 30 years of age with the mean age of 20.8 years of age. (Table 10)

Out of 160 calls received by Dr. C, 12 female callers and two male callers gave age-related information. The mean age of female callers was 41.3 years of age with a range of 17 to 67 years of age. The two male callers were 37 and 45 years of age resulting in a mean age of 41.0 years. (Table 10)

The writer acknowledges that the validity of the age information is limited, as few callers gave age-related information.

For those callers who gave age information, the average age of the 60 female callers for Drs. A, B and C combined was 38.4 years. Likewise, the average age of the 32 male callers was 39.6 years. Disregarding the gender factor, the mean age of all 92 callers who revealed their age was 38.8 years.

(d) What is the ratio of local calls to out-of-town calls?

An analysis of data revealed that, in 1986, the ratio of local calls to long-distance calls was 1.03-to-1. The ratio, in 1987, was 0.85-to-1. In 1988, it was 0.89-to-1 and in 1989, it was 0.83-to-1. (Table 11)

Table 11

Local and Long-Distance Calls

Year	L	LD	L/LD	% of LD
1986	44.6	43	1.03/1	16.2
1987	91.4	108	.85/1	19.1
1988	108.2	122	.89/1	18.4
1989	157.6	190	.83/1	19.4

L = local calls, LD = long-distance calls

The reader is informed that the radio station allows five open lines for local incoming calls and one line for long-distance calls. Consequently, the figures in column two have been divided by five to arrive at the ratio in column four. The percentage figures in column five represent the number of long-distance calls out of all incoming calls.

The percentage of long-distance calls fairly accurately depicts the 5-to-1 ratio of lines. In 1986, 16.2% of calls were from out-of-town. 1987 saw an increase in out-of-town callers (19.1%). In 1988, 18.4% of calls were long-distance and in 1989, 19.4% of calls were from out-of-town callers. The overall percentage of out-of-town callers was 18.7%. This indicates an 81.3% of in-town callers.

QUESTION 3

What are some of the specific questions and concerns of the callers to "That's Living"?

In order that the reader gain some insight into the type of interaction that occurs between talk-show host and caller it is essential to know the nature of the questions and concerns presented by the callers. Nineteen categories of psychological topics were used in this study. Each of these categories with samples of caller situations, questions, concerns, or advice are cited below:

Addictions

1. A gentleman caller who called himself a reformed alcoholic spoke about the labelling alcoholics receive. He wondered what could be done about this.

2. A young lady of 16-years-of-age wanted to know if the host of the show thought she was overweight. She gave her height and weight and received the second opinion she sought.

3. A lady who lived by herself complained that nobody visits her because her place is too messy. She wondered what she could do about her "pack-rat" nature.

4. A lady caller expressed a concern about her husband who is addicted to television. Her husband grew up in an alcoholic home. She wondered if there was some connection between addictions.

5. The mother of an alcoholic daughter talked about her concern over her two grandchildren who were placed in a foster home. One of her grandchildren was being sexually abused in the foster home. The grandmother wanted to know what she could do.

Aging Issues

1. An aging woman called about feeling bored with her life. She felt cynical about everything happening in the world. What advice could she get to change her outlook on life?

2. An aging daughter afflicted with arthritis had

parents who were 86 and 92 years of age. She wondered what to do about her fears of being unable to care for them.

3. A man has been married to his wife for 44 years. In her sleep she says, "I'm getting old". What could he do to allay her fears of aging?

4. A female caller spoke about her grandfather who was 90 years old and lives on a farm but is not able to properly care for himself. How could she get him to an auxiliary home?

5. A male caller who worked with the aged talked about the big problem he saw in the home - people being left on their own, neglected by their families.

Adolescent Issues

1. The caller's 14-year-old son would not be nice to other people. He was afraid he may be perceived as a "softie". What could his mother do to help him?

2. The mother of a 15-year-old boy was concerned over her son missing four days of school because a boy at school wanted to fight him. What could she do?

3. Her 13-year-old daughter got upset whenever a female called her father on the telephone. The girl called her mom at work and worried that Dad might have a girlfriend. What should mom do?

4. The father of two teenage daughters (13 and 15) was concerned over their constant fighting. What could be done to stop it?

5. The mother of a 14-year-old son was concerned about his looking at "dirty" magazines. The boy was an OK kid, otherwise, but she wondered what to do about this situation?

Children's Issues

1. The mother of a two-and-a-half-year-old was concerned about her child holding her bowel movements. X rays showed her bowel was normal. What advice could she receive?

2. A male caller talked about his son, who, at age three, was afraid to go to the bathroom. Now, at age 12, he still had this fear. What could be done about it?

3. A mother of a three-year-old girl was concerned about her daughter's stuttering. The father had just left the family. She asked for advice in handling the stuttering problem.

4. The mother of a three-year-old and ten-month-old called about her three-year-old not listening to her since the arrival of the second child in the home. What advice could the host give her?

5. A caller's two-year-old daughter tended to be left-handed. The child's father wanted her to be right-handed. What did the host of the show think?

6. The mother of a five-year-old who was fond of lighting matches shared how she cured him of the habit; she allowed him to sit down in her presence and light a whole box of matches.

7. The mother of a girl who was a bedwetter called to tell other listeners that she gave her daughter the responsibility of washing the wet bed-linen when accidents occurred. She hoped this would work.

8. This female caller and her husband were avid readers. They wanted to teach their preschool age child to read. They wanted advice on what "learning to read" method was best.

9. A mother of a three-and-a-half-year-old wanted advice on how to treat her child who frequently told lies.

10. Her six-year-old son used negative terms, ie. "Shut Up!", since starting school. What should she do?

Depression

1. A male caller stated he had been diagnosed as manic depressive. He had met a young lady with whom he hoped to cultivate a relationship and wanted some advice on how to go about doing this.

2. A mother called about her 17-year-old daughter who was on drugs, depressed, and suicidal. She wanted advice on what she could do for her daughter.

3. A young female student called to ask for advice on how to cope with her depression.

4. A caller had been depressed for two years. She was on anti-depressants and felt much better but got very constipated, so she went off the medication. What does the host advise she do?

5. A mother called about her 39-year-old son who was depressed and on anti-depressants. She wondered how long he could stay on medication without harmful side-effects.

Educational Issues

1. The mother of a hyperactive, learning-disabled, male child wanted to know where to seek help.

2. A mother called about her adolescent son who was once an honour student. His grades were dropping and teachers were reporting "silly" behavior on his part. What advice could the host give her on how to deal with her son?

3. A caller's 13-year-old son was not handing in his assignments at school. The mother had cancer and was bedridden. What advice can the host of "That's Living" give her?

4. A female caller expressed her views on the lack of creativity allowed in Canadian schools. She was very pleased with the British system of education.

5. The mother of a bright seven-year-old girl called with concerns about her child after a recent change in schools. The child was acting out and demonstrating inconsistent behavior patterns. What could she do to help?

6. A young student called to ask for advice on how to deal with her parents who expected her to perform academically like her older brothers and sisters.

7. The mother of a seven-year-old daughter was concerned about her daughter's letter reversals in spelling.

When corrected about these errors the child said, "Who cares?" What should the mother do in this situation?

Family Issues

1. A female senior citizen called about her 49-year-old son who was living "off" her. Her son was unemployed and was verbally abusive to her. She asked for help as to how to get "rid" of him.

2. This female caller was the parent of a battered wife. She wanted advice on what she could do for her daughter and her grandchildren.

3. The step-father of twin sons, aged 19, was concerned over their lack of contribution to the home, work-wise or financially, and over their verbal abuse of their mother. What advice did the host have for him.

4. A female caller was concerned over an impending visit from her father-in-law who was an alcoholic and a fondler of children. What advice could the host give her to handle the situation?

5. This female caller was taking care of her 86-year-old mother-in-law who dictated that she (the daughter) must not do anything else but look after her husband. The caller would "take off" because she could not tolerate the situation. What should she do?

6. A male caller spoke about his parents who were in their sixties, who had a 27-year-old agoraphobic living with them and terrorizing them. He wanted advice on how to help

his parents.

7. A female caller spoke of her daughter's difficult marriage. The daughter planned to separate or divorce her husband but caller and her husband were fond of their son-in-law. What advice could the host give them?

8. This female caller had children aged two, seven, and nine. Her husband and she took nude baths with the children. She wondered if this practice was OK.

Further Education

1. A 68-year-old female caller was interested in getting her B.A. degree. How should she go about this?

2. A mother of an 18-year-old University student called about her daughter who was in a B.Sc. program but had no idea of a career when finished. Did the host know what jobs would be available for her?

3. A male caller talked about being a high school drop-out. Then, when he was ready, he got his high school education and went on to obtain a B.A., M.A. and Ph.D. He wanted to encourage others to pursue further education.

4. A male caller told about his experience of going to Lakehead College and training to become a carpenter. He was very happy about his work and life.

5. The mother of a second-year university student was concerned about her daughter who was not enjoying school and not doing well in her studies. What could the mother do to encourage her?

General Issues

1. A gentleman caller in his late forties talked about his own lack of self-esteem. He wanted to know where he could find help for this problem.

2. A male caller spoke about his concerns over the lack of privacy in our society. He wondered if anything could be done about "Big Brother's" watching.

3. Another male caller wanted to discuss the doctor-patient confidentiality issue.

4. A female caller had concerns over her husband's sleep patterns. During sleep he had rapid breathing spells and then no breathing for a time. It was frightening for her. What could be done?

5. A woman caller wanted to know if anyone had a used wheelchair she could borrow for her husband who had had a stroke.

6. A male truck driver called about his sleep patterns. He sleeps four to five hours per day and feels just fine.

7. This female caller wanted to know how the talk-show host had made out in a recent dog show. She also suggested that a topic for a future program be "Pets".

Grief, Loss, and Death Issues

1. A male caller spoke about his difficulty talking to his aunt who had just lost her husband. What advice could the host give to assist him to talk to the loved ones of a deceased person?

2. This female caller expressed a concern over her fear of losing people through death. She had lost an infant 20 years ago, a brother one year ago, and her mother just recently. What could she do to rid herself of this fear?

3. This caller lost her husband and her father within three weeks. She was angry at the nurses in hospitals and at cancer clinics. What could she do about these feelings?

4. This female caller talked about her loss of a foster child to its natural mother. Although the child was not dead, there was pain in having the child removed from her home. How could she deal with this kind of loss?

5. A male caller shared his feelings about a separation (from wife) loss that was so severe, he had considered suicide at one point in his life. He then told of a new relationship in his life and how he was much happier now.

6. This caller lost her home to the 1987 Tornado disaster. She wished she could have her trailer back. What advice could the program host give her to help handle material loss?

Health (Illness and Disease)

1. This lady caller wanted to know who she could turn to when dealing with a cancer patient's children, ages four and five years. She wondered how to best tell the youngsters about their mother's illness.

2. This gentleman caller had an allergy to print material and could not read his beloved newspapers. Was

there anything he could do about this?

3. A female caller, the mother of a 29-year-old schizophrenic son, asked for help in handling her son when he was released from the hospital.

4. A lady caller asked how to find out if she needed to see a psychologist or a psychiatrist. She wanted to know the difference between these two types of professionals.

5. This male caller had a neck and back problem that prevented him from working. One doctor had recommended surgery. Another doctor had suggested hypno-therapy. He wanted more information about hypno-therapy.

Job-Related Issues

1. A handicapped male caller was finding it difficult to get a job. He wondered if the program host knew where he could get help.

2. A female caller wondered if her son, who was studying music therapy at a college, would have a job when he was finished his studies.

3. A female caller talked about the job stress she was experiencing. Her employer watched every move she made at work. She was unable to sleep or eat. What advice did the program host have for her?

4. A woman called about her 30-year-old brother who had a B.Ed. degree and had been substitute teaching for seven years. He had not been able to get a full-time job. Could the program host give her some advice for her brother?

5. A female caller worked night shifts in a nursing home and had difficulty making the transition from night to day shift. What advice did the host have to offer?

Marriage Issues

1. A female caller had been married for 27 years. She had had a mastectomy and doctors had given her a clean bill of health but her husband said he didn't love her anymore. What should she do?

2. A female caller was worried about her marriage. Her husband had had a breakdown two years ago and now she could not stand his touch, or get aroused by him. What could she do about this?

3. A female caller was concerned about her husband's sex drive being much higher than hers. What could she do to make things better in their marriage?

4. A lady caller told about living in fear in her own home. Her husband beat her and yelled at her children. What should she do?

5. A lady caller talked about her husband's behavior when they had an argument. He had a tantrum and moved into the spare bedroom for a week. What could she do about this behaviour?

Parenting Issues

1. A female caller spoke about parents encouraging their children's personalities to unfold as they were meant to, instead of forcing children to be what the parents

wanted them to be.

2. A pregnant lady who had a 15-month-old child asked for advice on how best to introduce the new baby to its brother.

3. A female caller wanted to know when and how to tell a child about his mixed racial ancestry.

4. A registered nurse called about staying home with her three pre-school children. Her husband was upset about her staying home. What should she do?

5. A single parent called about raising an 11-year-old, gifted child. What advice did the host have for her?

Personality Problems

1. A female caller was concerned about her 51-year-old mother who was displaying psychotic symptoms. She (mother) thought doctors were evil and refused to see them. What should the daughter do?

2. A female caller wanted to know of some guidance resources for a newly-married, middle-aged couple because the husband was going through some personality changes.

3. This caller was feeling that she was exhibiting bizarre behavior patterns. She wanted to know where she could find help.

4. A female caller spoke of her anxiety attacks. She had seen Dr. B on television. She felt she could not afford counseling on a weekly basis. What should she do?

5. A male caller told of his obsessive-compulsive

disorder. He had also been diagnosed as manic-depressive and dyslexic. What advice could the host give him to deal with his problems?

Phobias

1. A male caller had panic attacks concerning tests. He asked what caused test phobia and what could be done for it.

2. A female caller spoke about her three-year-old daughter's fear of dogs. How could she help her get over this fear?

3. This female caller talked about her anxiety problems which led her to become an agoraphobic. She wanted to know what support groups were available for agoraphobics.

4. A lady caller told listeners of how she overcame her fear of driving after an accident she had had. She drove around a local parking lot after 9 p.m. until she was confident enough to try highway travel.

5. A female caller wanted to know if there was help available for her 20-year-old daughter who had a fear of the dark.

Relationship Issues

1. A female caller talked about her male friend who mistrusted her. Both were receiving individual counseling but it did not seem to be helping. Did the host have any suggestions?

2. A male caller was having difficulty with a female he

was seeing. She was very set in her ways and had a problem accepting compliments. What should he do?

3. A male caller had had a two-and-a-half-year relationship with a woman who was one-sided in her views and over-protective of her 19- and 20-year-old children. He had been advised to get out of the relationship. What does the program host advise?

4. A male caller who had moved in with his girlfriend said she was very possessive of him and wouldn't let him speak to other girls. What should he do about this situation?

5. A male caller spoke of his recent break-up with a girlfriend. She was sulking and would not talk to anyone. He was concerned about her. What advice could the host give him?

Stress and Living

1. A female caller had worked with dialysis patients for three years. She was feeling "burned-out". What should she do?

2. A female caller wanted to know how to recognize the symptoms of "burn-out" and how to deal with it.

3. A female caller told of her frustration at being unable to have a child. Then she adopted two beautiful children and found life to be wonderful.

4. The mother of a one-year-old child was feeling stressed about going back to work. She was taking an anti-

depressant, sinequan, but found it blurred her vision. What advice could the host give her?

5. A male caller gave advice to listeners about how to deal with the stress of living. He suggested that people make mental, future, happy pictures to make them feel happier now.

Suicide

1. A mother called about her teenage daughter's friend who often threatened to commit suicide. What advice could she give her daughter to help her suicidal friend.

2. The mother of a son who had committed suicide offered advice to all parent listeners: "We have to listen carefully to our children".

3. A female caller talked about her thoughts of committing suicide. She felt very depressed and wanted to die. This call was taken off the air and addressed in-depth by one of the program hosts.

4. A 93-year-old female caller talked about her suicidal feelings. What should she do about them?

QUESTION 4

What training and/or personal experiences qualify these hosts to act in the capacity of advice-givers to callers, on a very broad range of topics?

At the time the three co-hosts of "That's Living" were trained as a psychiatrist and as psychologists, training

opportunities for media counseling were not available. There were no radio programs of this kind when the three co-hosts of "That's Living" received their professional degrees; consequently, no training programs of this nature were required. Nevertheless, this writer, in interviews with the co-hosts, attempted to determine what kinds of experiences, in addition to formal professional training received by the co-hosts, proved to be valuable in their roles as media professionals.

Dr. Janzen (Dr. A) possesses a broad and varied background in public speaking. For many years his work at the University of Alberta involved lecturing to large undergraduate classes. He has been recognized as a prominent public speaker across Western Canada for the last two decades. Dr. A is very active in church activities and is very familiar and comfortable addressing groups, both large and small. Dr. A possesses musical talents and expertise. He has performed on stage as a singer and is involved with the music department at the university. While Dr. A has little formal training in media psychology, it would seem that, not only his professional expertise, but also his life experiences have helped to equip him to be a very fine media psychologist.

Dr. Paterson (Dr. B) has had formal training in speaking and acting; his first two university degrees were in drama. Like Dr. A, he has made public speaking

engagements very much a part of his professional career for many years. Dr. B has been a teacher at all levels in the public schools as well as at university. He has participated in debates at the Canadian Championship level. Before he became a media psychologist on radio, public speaking engagements were very much a part of his career. Of the three co-hosts, Dr. B is the only one who had radio experience. As a teenager attending high school, he worked as a news reader and commentator on radio. Over the last two decades, both Dr. A and Dr. B have been active in television, serving as guest experts on a wide variety of psychological topics. In addition to his professional training and his personal experiences Dr. B possesses a magnetic personality - people gravitate toward him in person and on the air waves.

Dr. Blashko's (Dr. C) medical training seems, at first, to be far removed from his media involvement. However, his early foray into this field came as a result of his wide popularity as a speaker on preventive mental health. Dr. C has worked in the community for many years as a consultant to special groups such as seniors and acting-out adolescents. From the earliest days of his practice, he worked with families and small groups in an attempt to prevent and solve problems. Before his debut as a talk-show host, Dr. C was already known as a professional who could make "common sense" out of some of the more complicated

concepts in psychology and psychiatry. This ability to put complex ideas into lay terms is probably a key factor in Dr. C's success as a talk-show host.

All three of our main media co-hosts have also had extensive experience in court presentations as expert witnesses.

At the present time, there does not seem to be much formal training in media psychology or psychiatry in our professional programs. There is, however, a division of the American Psychological Association, Division 46 - Media Psychology; so now, a body of literature is developing in this field. To the knowledge of the writer, there are no formal media courses in professional psychology or psychiatry programs in Canada available for graduate students interested in this field of study.

V. DISCUSSION, IMPLICATIONS, AND SUGGESTIONS

The main goal of the descriptive study was to explore four of the characteristics of the interaction of a public to a radio talk-show in an attempt to glean information for professionals in helping roles that would assist them in giving their public better service.

This chapter consists of a discussion of the results, of the four areas investigated, implications of the study for counseling theory and practice, and suggestions for further study.

Each question that was addressed in the study will be discussed in turn.

QUESTION 1

What are the major psychological topics that are of interest to the callers of "That's Living"?

Miller (1969) stated that the most urgent problems of our world today are the ones we have made for ourselves. From the results of this study it would appear we have made a multitude of such problems. From this study, the five problem areas that ranked of highest concern to callers were children's issues, general issues, family and relationship issues, health issues and issues concerned with the stress associated with everyday living. These problematic issues are to be expected in light of current societal trends of

inflation, unemployment, technological advances, marital trends, loss of the extended family, new diseases, and extended life span, to mention but a few. With the changing structure of the family unit in a society in transition, (psychologists) have to deal with many disadvantaged children and adults, such as those who have social, emotional and/or physical handicaps, and those who are homeless or suffer from malnutrition. These children and adults are high-risk for learned helplessness, educational failure, unemployment, crime and virtually every problematic behavior that exists. There is a clarion call for school psychologists to meet the needs of these disenfranchised people. Teenage suicide and depression, drug and substance abuse, eating disorders and malnutrition, unwanted pregnancies, abortion, sexually transmitted diseases, delinquent and violent behavior, and family abuse are but a few of the issues a school psychologist faces. The training programs for these professionals need to give emphasis to a socio-educational action practice model. No longer can the school be an institution where only cognitive needs of the individual are met. It is imperative that basic and affective needs of the individual must first be met before cognition can happen.

Not only is the onus on school psychologists and their trainers to examine their training programs, it is also necessary for all other health care givers to examine their

fields of study and delivery systems. Clergymen, medical practitioners, mental health people, social workers, gerontologists, family therapists, marriage counselors, nurses, employers, and administrators could benefit from an examination of their training programs as well.

There is definitely a need for a concerted effort on the part of all health care givers to combine resources and present a unified force in assisting to ameliorate the human misery existent in a society of change.

QUESTION 2

What are the characteristics of the callers in respect to gender, age, and locale?

Gender:

Gender analysis of callers revealed that 77.2% of all callers were female. Because of the time slot in which "That's Living" is "aired" this figure is probably quite reliable as the male faction of the population may not be as readily available to be members of the listening audience at this time of day (2:05 p.m. to 3:30 p.m.). Although the writer had no way of substantiating the following comment she conjectured that another reason for low male representation of callers might be that males are less likely to admit to personal problems, let alone express them "on-air" to thousands of listeners. This trait seems to be the "nature of the (male) beast".

The program hosts expected that the incidence of male callers to the program would show a steady increase over the years. However, when the available data were analyzed for Dr. A, it was found that in 1986, 24.5% of callers were male. In 1987, this figure dropped to 22.3% with a further drop in 1988 to 20.5%. However, in 1989, the male representation of calls increased to 26.7%. There is no known explanation for the 1987 and 1988 figures. The 1989 figure of 26.7% of male callers could be attributed to the fact that the program is well established, and the male listening audience is now becoming more inclined to call.

Dr. A's overall (1986-1989) male caller representation (23.5%) is equal to Dr. C's male callers (23.3%). However, Dr. B's male callers represent only 17.8% of his total calls (5.7% less than Dr. A's and 5.5% less than Dr. C's).

The writer speculates that Dr. B's significantly lower percentage of male callers might be attributed, either to the topics the writer selected to be analyzed for him or to the specific personality traits of this host.

In summary, it would appear that there is one male caller for every four female callers to "That's Living". This statistic raises some concern per ranking with reference to the findings from Question 1. Are such psychological topics of higher ranking a concern for the general public or the female segment of the public? Are female callers, in general, speaking on behalf of their male

partners on certain psychological issues? Would the rescheduling of the program from its afternoon time slot to an evening time slot increase the number of male callers? Would having female hosts on the show affect the male caller response? There is need for further research in respect to caller gender.

Age

It must be noted that the validity of age information collected in this study is limited. Out of 1,662 calls that were analyzed for Dr. A, 68 or 4.1% of the callers revealed age related information. Ten out of 255 callers or 3.9% of Dr. B's callers gave age information. Fourteen out of 160 callers or 8.8% of Dr. C's callers gave their ages. The average age of female callers for Drs. A, B and C respectively were 39.9, 21.8 and 41.3 years of age. The average age of male callers for Dr. A was 42.3 years, for Dr. B it was 20.8 years, and for Dr. C it was 41.0 years.

One is compelled to notice the rather large discrepancy between the mean age of both male and female callers for Dr. B (21.4 years) as compared to the mean age of callers, both male and female, for Dr. A (40.9 years) and Dr. C (41.2 years). One obvious explanation of this rather significant caller age difference is that Dr. B is considered to be the resident expert radio host on children's issues. One could also attribute this fact to a radio personality that attracts younger individuals.

The mean age of all 92 callers who divulged age information was 38.8 years. This information sat well with the CJCA station managers as the station's target population market is the 35-to-55-year-old age group.

From the age information gathered, the writer noted that no age group was problem-free. It appears that problems prevail from birth to old age. There is an obvious need for more preventive practices and programs to be implemented into society throughout all stages of life. A concerted effort on the part of politicians, psychologists, educators, businessmen, and mental health personnel could and should address this issue. Again, this is an area for further study.

Locale

The ratio of local callers to out-of-town callers over a period of four years (1986, 1987, 1988, 1989) indicates a reasonable balance between town and country calls. Because 79% of Alberta's population is urban and 21% rural, five telephone lines are available for local calls and one line is available for long-distance calls. Although the percentage of long-distance calls has fluctuated somewhat over the four-year period (1986 - 16.2%; 1987 - 19.1%, 1988 - 18.5%, 1989 - 19.4%) two of these figures (1987 - 19.1% and 1989 - 19.4%) indicate almost maximum use of the long-distance phone lines. This statistic is rewarding for it indicates that out-of-town callers, who have less access to

the array of psychological services available to the in-town dweller, are accessing the services provided by the media psychology program.

QUESTION 3

What are some of the specific questions and concerns of the callers to "That's Living"?

This question was posed at the onset of the study to examine in greater depth the individual psychological concerns of callers expressed under the broader psychological topics discussed in Question 1. The results of these findings are meant to support the discussion comments made in regards to Question 1.

It is interesting to note that questions ranged from simple "yes-no" type ("Do you think I am overweight for my height?") to the very complex type ("I am feeling very depressed and I just want to end it all").

After listening to the audio-tapes that comprised the data for this study, and from listening to the show on a regular basis, the writer is overwhelmed by both the variety and magnitude of questions asked by callers. No question was too trivial nor too complex to be addressed by the hosts.

The topical nature of and complexity of specific questions received from callers reveal valuable information to the hosts as to what topics need be repeated or

initiated, what expert guest might be invited to the show to give expert answers, and what other preventive programs might be implemented through community meetings such as seminars on loneliness, lectures on parenting, coping with loss, or an Expo on life-long learning. The analysis of caller questions can provide much food for thought. Miller (1969) sums it up when he says:

> But in the beginning we must diagnose and solve the problems people think they have, not the problems we experts think they ought to have, and we must learn to understand those problems in the social and institutional contexts that define them. With this approach we might do something practical for nurses, policemen, prison guards, salesmen - for people in many different walks of life. That I believe is what we should mean when we talk about applying psychology to the promotion of human welfare. (pp. 1073-1074)

QUESTION 4

What are the particular skills or attributes that are necessary for a psychology media host to be successful in the field?

Phelan (1989) did an extensive study on this topic in relation to "That's Living" and found the following:

(a) Listeners perceived hosts as "friends of the family".

(b) Listeners felt they could identify with the situation of the hosts, ie. touched by the loss of a host's spouse.

(c) Listeners appreciated the sense of humor of the hosts.

(d) Listeners identified with voice quality of individual hosts.

(e) Listeners recognized and appreciated the differences of opinion among the hosts as well as their different styles, strengths, and strategies.

The fact that the hosts of the radio psychology program had established themselves as trustworthy, knowledgeable, and caring to their listening public were the main traits deemed necessary for success as hosts of this radio talk-show.

These traits, coupled with the educational and experiential backgrounds of the hosts, are undoubtedly factors contributing to the success of "That's Living".

As it was not possible to investigate this question further, from the data collected in this study, no additional comments are made.

Implications of the Study

Theoretical Implications

One might have expected a certain theoretical approach to be associated with each of the talk-show hosts. Would it be the 1) psycho-therapeutic approach where the client would be encouraged to "talk out" his problem at length, or the 2) behavioristic approach where the caller was the learner and could be taught in sequential step-like fashion, or the 3) client-centered approach where the host was non-directive but conveyed certain accepting attitudes to the caller.

Would the hosts use Rational-Emotive Theory in an attempt to straighten out a caller's convoluted thinking to get him back on track or Reality Therapy, concentrating on the immediate present by telling the caller precisely what to do?

It would appear that there was no one approach or theory of counseling that evolved as a primary mode of each talk-show host for disseminating information to his callers. The model of counseling demonstrated by Drs. A, B, and C was eclectic in nature; a number of counseling approaches was used by each of the three hosts. The following examples illustrate this fact: The client-centered approach was used when a caller talked about her feelings of sadness over the recent death of her spouse. The host responded to her with frequent "yes", "uh huh" and "that's OK" statements, giving her unconditional, positive regard and permission to feel her sadness.

When a young mother called to ask for help in toilet-training her two-year-old son, she was advised to place her child on the toilet at certain times of the day and provide positive feedback to him when he made a bowel movement. The behavioral theory approach to counseling was used.

Reality therapy was used when a distressed lady caller asked what she could do to help a friend who was being released from the hospital with no place to go. The talk-show host directed the lady to immediately call the social

services department at the hospital and assured her they would help.

Like media hosts, the counselors, psychologists, and health care workers in any setting would be well-advised to adopt an eclectic approach to counseling their clients. These professionals should learn their theories well but not be bound by any one theory when dealing with individual situations. The public, it would seem, appreciates and accepts counsel given by knowledgeable but versatile counselors.

Practical Implications

Cowen (1981) talks about the mounting dissatisfaction of past traditional ways of disseminating psychological information. He contends that people do not bring their problems to mental health professionals for a number of reasons such as cost, geographic location, logistics or personal belief systems. Phelan (1989) states that "the psychology profession must address the challenge of the preparation of practitioners who can capitalize on this unprecedented opportunity [of using media] to exert positive influence with the growing body of psychological knowledge" (p. 94). And Martin (1988) contends that counseling, while continuing to serve remedial and crisis functions, needs to "embrace seriously the functions of primary prevention and life development programs" (p. 117). The writer is in agreement with these authors and proposes the following

preventive programs delivered by trained, knowledgeable personnel and implemented in urban or rural settings as the need demands.

(a) Educational seminars, workshops and assemblies to address issues of self-esteem, study habits, peer pressure, dropping out, discrimination, career planning, relationships, substance abuse, pregnancy, STD's, suicide, and depression.

(b) Family and life planning seminars to address issues of relationships, marriage, pre- and post-natal care, parenting skills, adolescent issues, divorce, single parent issues, the "empty nest" syndrome, retirement and death.

(c) "World of work" workshops for all ages to deal with resumé writing, job interviews, returning to school, getting along with co-workers, facing unemployment, adjusting to new technologies and dealing with job stress.

(d) Support groups for all ages to deal with communication skills, chronic health problems, disabilities, aging, substance abuse, and bereavement.

Suggestions

(a) Replicative and new studies on media psychology are needed, for already the hosts of "That's Living" have seen a change in the psychological sophistication of their listening audiences. There is a need for yearly and longitudinal studies to be carried out so that media psychology programs can truly be "state of the art"

programs.

(b) Studies need to be undertaken to assess the public's perception and understanding of psychology to allow psychology to play a more significant role in addressing one of its prime aims - promoting human welfare. The "grass roots" approach for determining what public concerns need to be addressed is crucial.

(c) Universities and other training institutions need to evaluate their programs on an on-going basis and make faculty shifts and curriculum changes so as to more closely link theory with the reality of what is "out there". In view of this study it would be prudent to initiate a course on media psychology into training programs.

(d) An interdisciplinary approach to promoting human welfare needs to be addressed. Educators, trainers, politicians and community leaders would all benefit from the synergistic effect of partnership and could promote more powerful changes in community health programs than is done by working in isolation or independently.

(e) The implementation of proactive rather than reactive measures needs to be addressed and emphasized in the delivery of mental health services.

(f) The process of de-mystifying psychology must continue. Health care professionals need to remove their white coats, and come out from behind closed doors to meet their public and share their expertise with it.

(g) More group and mass counseling approaches need be adopted for disseminating psychological information. There are insufficient professionals available to deal with problems of epidemic proportion, predominantly on a one-to-one basis.

CONCLUSION

> It was E. G. Boring who first impressed on me the importance of a clear distinction between Psychology with a capital P and psychology with a small p. Capital-P Psychology refers to our associations, departments, laboratories, and the like. Small-p psychology refers to the discipline itself. Capital-P Psychology can do little to promote human welfare, outside of its faithful promotion of small-p psychology. We should not, through impatience or bad judgement, try to use capital-P Psychology where only small-p psychology could succeed. Let us by all means do everything we can to promote human welfare, but let us not forget that our real strength in that cause will come from our scientific knowledge, not from our national Association.
>
> (Miller, 1969, p. 1065)

The real impact of psychology on society will only be realized "through its [psychology's] effect on the public at large, through a new and different public conception of what is humanly possible and what is humanly desirable" (Miller, 1969, p. 1066).

Mankind faces a multitude of problems today. Scientific psychology possesses the potential to alleviate and eliminate many of these problems.

The innovative, cooperative efforts of psychology and media in Edmonton, Alberta, have produced the radio talk-

show program, "That's Living", which has positively affected the lives of thousands of people. The success of this endeavor is, in part, due to the talk-show hosts' reliance on capital-P Psychology as a broad base from which they draw. But, more important to the success of the show, is the hosts' application of small-p psychology. That is to say, scientific information is delivered to the public in simple, understandable language by genuine humanistic hosts.

It is the opinion of the writer that, what the world needs now is a much greater emphasis on the promotion of small-p psychology, be it through media programs, clinical practice or school counseling programs.

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APPENDIX A

Psychological Topics

1. Addictions Issues
2. Adolescent Issues
3. Aging Issues
4. Children's Issues
5. Depression Issues
6. Educational Issues
7. Family Matters
8. Further Education Issues
9. General Issues
10. Grief, Loss, Death Issues
11. Health (Illness and Disease) Issues
12. Job-Related Issues
13. Marriage Issues
14. Parenting Issues
15. Personality Issues
16. Phobia Concerns
17. Relationship Issues
18. Stress and Living Concerns
19. Suicide Issues

APPENDIX B

Dates and Topics of Programs Hosted by Dr. A in 1986

1.	January 16, 1986	Adults with a Hidden Handicap
2.	January 23, 1986	Overcoming Shyness
3.	February 4, 1986	Nudity
4.	February 10, 1986	Marital Myths
5.	March 11, 1986	Values and Violence in Sports
6.	March 27, 1986	Improving One's Memory
7.	April 10, 1986	Secrets of a Happy Marriage
8.	May 13, 1986	Organizing Resources in our Life
9.	June 5, 1986	How to Get the Man You Want
10.	June 17, 1986	Femininity by the Bottle
11.	June 26, 1986	Step-Parenting
12.	June 27, 1986	Alone after School
13.	July 3, 1986	The Mysteries of Sleep
14.	July 10, 1986	Keeping up with Yesterday
15.	July 24, 1986	The Mystery of Mastery
16.	July 29, 1986	The Symptoms of Hyperactivity
17.	August 26, 1986	Home-Style Teaching
18.	August 28, 1986	Living is Learning
19.	September 11, 1986	Our Talents and Gifts
20.	September 16, 1986	Coping with Life's Difficult Challenges

21.	September 16, 1986	Intelligence Applied
22.	September 25, 1986	The Psychological Aspects of Television
23.	October 21, 1986	Health and Self-Confidence
24.	October 28, 1986	Drawing Like Children
25.	November 20, 1986	Styles of Loving
26.	December 2, 1986	The Stressless Home
27.	December 9, 1986	Polishing our Images
28.	December 18, 1986	Christmas and God

Dates and Topics of Programs Hosted by Dr. A in 1987

1.	January 5, 1987	The Way We Were
2.	January 12, 1987	Preventing Human Misery
3.	January 13, 1987	The Confused Housewife
4.	January 15, 1987	Brain Growth Spurts
5.	January 20, 1987	Amazing Babies
6.	January 27, 1987	Social Failure
7.	January 29, 1987	Being a Slave or Master
8.	February 3, 1987	The Mystery of Aggression
9.	February 6, 1987	Dare to be You
10.	February 17, 1987	Type "A" Personalities and Heart Disease
11.	February 19, 1987	Do Sufferers Seek Pain?
12.	February 26, 1987	How to be Happy at Middle Age

13.	March 3, 1987	How to Worry Effectively
14.	March 19, 1987	The Hyperactive Adult
15.	March 23, 1987	Function of the Human Smile
16.	March 24, 1987	Suicidal Signs
17.	March 31, 1987	Self-Deception: Tuning out Life's Anxieties
18.	April 3, 1987	The Healing Brain
19.	April 9, 1987	Changing our Schools
20.	April 14, 1987	Born to be Shy
21.	April 23, 1987	Caring too Much
22.	May 26, 1987	Super Kids - Super Problems
23.	June 2, 1987	Living with Depression
24.	June 4, 1987	Coping with Criticism
25.	June 9, 1987	On Difficult Adults
26.	June 30, 1987	Passive Aggression
27.	July 9, 1987	Remembering and Forgetting
28.	July 20, 1987	Job Loss and Employment Relocation
29.	July 23, 1987	The Best is Yet to Come
30.	July 24, 1987	Couples Growing Apart
31.	August 4, 1987	When Disaster Strikes
32.	August 11, 1987	The Disease-Prone Personality
33.	September 8, 1987	Sound Mind-Unsound Body
34.	September 15, 1987	High School Drop-Outs
35.	September 29, 1987	The Demise of Creativity
36.	October 1, 1987	How the Mind can Help the Body

37.	October 27, 1987	It Hurts to Love
38.	November 3, 1987	Hyperactivity: Difficulty in Rule-Governed Behavour
39.	November 6, 1987	If You Can't Sleep
40.	November 10, 1987	Understanding the Problem of Absenteeism
41.	November 17, 1987	An Antidote to Feeling Left Out
42.	November 20, 1987	The Stressless Home
43.	November 24, 1987	Bizarre Behaviour in Kids
44.	December 8, 1987	On Being Honest
45.	December 31, 1987	Taking Charge in the New Year

Dates and Topics of Programs Hosted by Dr. A in 1988

1.	January 5, 1988	Parenting and Self-Discipline
2.	January 15, 1988	Growing up to be Nurturant Adults
3.	January 19, 1988	Signs of Aging: Coping with Sensory Loss
4.	January 21, 1988	Disease-Resistant Personalities
5.	February 9, 1988	Clutter and Conflict
6.	February 11, 1988	Women and Men's Speech Patterns

7.	February 19, 1988	The Brain and Emotions
8.	February 22, 1988	Relieving the Burden of Blame
9.	February 29, 1988	The Masochistic Personality Disorder
10.	March 15, 1988	Serving the Disabled
11.	March 18, 1988	Reach out and Touch Someone
12.	March 21, 1988	Be all that You can Be
13.	April 8, 1988	The Value of a Positive Self-Esteem
14.	April 12, 1988	Worry and Anxiety
15.	April 14, 1988	Language without Words
16.	April 15, 1988	Learned Helplessness
17.	April 19, 1988	Growing in Wisdom and Knowledge
18.	May 6, 1988	Mothers' Role as Fathers
19.	May 24, 1988	Mind Your Manners
20.	May 26, 1988	Brothers and Sisters Growing Old Together
21.	June 7, 1988	Is Maternal Instinct a Myth?
22.	June 14, 1988	When Solutions to Problems are Hard to Find
23.	June 21, 1988	Why Don't You Act Your Age?
24.	June 25, 1988	The Persistent Procrastinator
25.	June 28, 1988	Clinging to Your Convictions
26.	July 7, 1988	Positive Mind Wandering
27.	July 19, 1988	Attending to Dreams

28.	July 21, 1988	Stress in Children and Adolescents
29.	July 22, 1988	The Psychology of Possessions
30.	July 26, 1988	Living with a Difficult Child
31.	August 2, 1988	The Power of Physical Attractiveness
32.	August 9, 1988	Abused Children
33.	August 11, 1988	Marital Myths
34.	September 1, 1988	Adult Kids of Alcoholics
35.	September 6, 1988	School Learning Problems
36.	September 15, 1988	Raising Babies
37.	September 29, 1988	Do Teenagers Model Adult Friends
38.	October 4, 1988	Beyond Selfishness
39.	October 25, 1988	Anger and Guilt
40.	October 27, 1988	Getting Involved in a Relationship
41.	November 1, 1988	A Judge of Character
42.	November 3, 1988	Missing Fathers
43.	November 7, 1988	Step-Daughter Wars
44.	November 15,1988	Raising Adoptive Children
45.	December 1, 1988	For the Love of Children
46.	December 6, 1988	The Perils and Pleasures of Moving
47.	December 12, 1988	Pushing for What You Want

48.	December 22, 1988	Children, Christmas and Santa Claus
49.	December 27, 1988	One Day at a Time
50.	December 29, 1988	Beyond Tomorrow's Mystery Gates

Dates and Topics of Programs Hosted by Dr. A in 1989

1.	January 3, 1989	Jealousy and Envy
2.	January 5, 1989	Several Ounces of Prevention
3.	January 10, 1989	The 1989 Life-Style
4.	January 26, 1989	Deliberate Deception
5.	February 3, 1989	Birth Order
6.	February 7, 1987	The Real You
7.	February 13, 1989	Help for the Hysterical
8.	February 14, 1989	Brain Injury: The Silent Epidemic
9.	February 21, 1989	Help for the Over-Anxious
10.	March 2, 1989	The Hurried Child
11.	March 9, 1989	The Power of Music
12.	March 14, 1989	Doing Good
13.	March 17, 1989	The Dreaming Brain
14.	March 20, 1989	Depression and Phototherapy
15.	March 28, 1989	Kids, Parents, Schools and Stress

16.	April 4, 1989	Intolerant People
17.	April 6, 1989	Fathers and Babies
18.	April 11, 1989	Mental Handicaps
19.	April 18, 1989	Playground Bullies
20.	May 2, 1989	Are You Normal?
21.	May 9, 1989	Children and Divorce
22.	May 11, 1989	Retention and Promotion
23.	May 19, 1989	The Guilt of Secrets
24.	May 23, 1989	Intimacy in an Age of Divorce
25.	June 8, 1989	Is Your Child Ready for Grade One?
26.	June 15, 1989	When You Stand Alone
27.	June 16, 1989	Father's Day: Enrich Your Marriage
28.	June 19, 1989	Coping with Death
29.	June 29, 1989	Preventing Human Misery
30.	July 7, 1989	Do People Really Change?
31.	July 10, 1989	Childhood Depression
32.	July 11, 1989	Consumer Brainwashing
33.	July 17, 1989	The Armchair Psychologist
34.	July 20, 1989	Success with Love and Friendship
35.	July 25, 1989	Personalities and Stress
36.	July 27, 1989	The Psychology of Patience
37.	August 1, 1989	Anorexia and Bulimia

38.	August 3, 1989	Helping People with Serious Illnesses
39.	August 10, 1989	Living with Thrill-Seekers
40.	August 11, 1989	Victims of Human Sexuality
41.	August 14, 1989	Why do People Lie?
42.	August 15, 1989	The Paradox of Happiness
43.	August 17, 1989	Occupational Hazards
44.	August 31, 1989	Hurrying Back to School
45.	September 12, 1989	"Look Jane, Dick Can't Read"
46.	September 15, 1989	Teachers as Mothers
47.	September 21, 1989	The Importance of Education
48.	September 22, 1989	Building Your Mate's Self-Esteem
49.	September 25, 1989	Living with Depression
50.	September 28, 1989	How Can I Trust Him?
51.	September 29, 1989	Unlocking Your Creative Potential
52.	October 3, 1989	In Search of Blind Spots
53.	October 10, 1989	Missing Fathers
54.	October 17, 1989	Feeling Good, but Feeling Guilty
55.	October 18, 1989	Foster Parents, Foster Children
56.	October 24, 1989	Personality Dynamics: Dependency

57.	October 30, 1989	Obsessive-Compulsive Personality
58.	November 7, 1989	Satanic Cult Signs
59.	November 21, 1989	Help Yourself to Good Mental Health
60.	November 24, 1989	You are What You Value
61.	December 8, 1989	Taking Care of Your Parents
62.	December 14, 1989	Self-Esteem and the Adolescent
63.	December 19, 1989	Child Psychology: Toys and Games
64.	December 22, 1989	Straight to the Heart of a Problem
65.	December 27, 1989	Success Thinking in 1990
66.	December 28, 1989	Self-Esteem in the Elderly

APPENDIX C

Dates and Topics of Programs Hosted by Dr. B

1.	February 21, 1984	Psychological Tests: Personality
2.	February 23, 1984	Study Skills: Turning over a New Leaf
3.	February 24, 1984	Family Counseling
4.	February 27, 1984	Tolerance and Understanding
5.	March 12, 1984	Tunnel Vision: Emotional Attachment to one Problem Area
6.	March 19, 1984	Emotional Blackmail: "I'll love you if..."
7.	March 20, 1984	Much Ado about Nothing
8.	March 27, 1984	The Late John Doe
9.	March 29, 1984	Adolescent Stress
10.	April 16, 1984	Dealing with Adversity
11.	April 27, 1984	Growing Older
12.	May 1, 1984	Psycho-social Problems
13.	May 2, 1984	Parenting an Only Child
14.	May 3, 1984	Where's the Beef?
15.	May 8, 1984	Some Education Week Personal, Positive Thinking
16.	May 18, 1984	Dealing with Frustration

17.	May 28, 1984	Readiness throughout Life
18.	July 24, 1984	Managing the Stress of Illness with guest, Ronna Jevne
19.	July 26, 1984	Habit Control
20.	August 23, 1984	Control and Over-Control
21.	September 10, 1984	Alberta Education Today with guest, David King
22.	November 16, 1984	Traditions

APPENDIX D

Dates and Topics of Programs Hosted by Dr. C

1.	November 11, 1983	Ways to Handle Relationship Storms
2.	November 30, 1983	The Psychology of the Big Brother Society
3.	December 5, 1983	Seasonal Depression
4.	December 29, 1983	Psychology of Planning Goals
5.	January 1, 1984	How Much Should We Investigate?
6.	February 28, 1984	Why We Develop Anxiety and Panic Attacks
7.	April 4, 1984	Children can do Well even with a Lot of Stress
8.	May 5, 1984	Psychosomatic Illness
9.	May 9, 1984	Nightmares and Night-Terrors
10.	May 10, 1984	Graduation
11.	May 15, 1984	The Sensitive Person
12.	June 11, 1984	Assertiveness
13.	August 10, 1984	Are Children Born with their Personalities

14. August 14, 1984	Parents' Problems with Children and Adolescents
15. October 9, 1984	Psychological Problems of Infertility
16. November 6, 1984	Grieving
17. November 13, 1984	Chronic Schizophrenia
18. November 19, 1984	Evaluation of the Adolescent with School Problems
19. December 7, 1984	It's Tough to Live Alone
20. December 9, 1984	Schizophrenia
21. January 8, 1985	Senility
22. January 24, 1985	Adjustment Reactions